# Hartford STD Payroll Processing for Department Payroll Specialist (PRC)

1.	Employee or Supervisor calls Hartford to file a claim
	☐ Claims with disability date on or after 8/29/09 will go through Hartford
	☐ Claims with disability date prior to 8/29/09 will continue the current process through EBSD and get paid through County payroll
2.	PRC receive First Notice Claim Report from Hartford through push reports
3.	PRC give employee Leave Request for STD-FMLA Packet located at EMACS website < Form
4.	PRC receive Leave Integration Request from employee
	Check leave balance to make sure requested leave types are available
	<ul><li>Home &gt; Compensate Employees &gt; Administer Base Benefits &gt;</li><li>Use &gt; Leave Accrual Details</li></ul>
	☐ Make sure the form is completed correctly
	Forward the original form to EBSD Leaves Team-Hospitality, keep a copy for coding employee's timesheet
	If you do not receive the integration form back from employee within reasonable time frame, or before Hartford payments start, confirm with the employee that no integration is needed
5.	Hartford approves claim and issue payments
	1st payment will be issued after the 7-day waiting period for all new claims per Hartford guideline
	Payments are issued weekly to employee via paper check or direct deposit
	Medicare taxes will be withheld from all employees who are subject to Medicare
	<ul> <li>Employee may choose to have Federal and/or State taxes withheld from their STD payments</li> </ul>
	☐ There will be no other employee deductions taken from Hartford payment. Employee may be responsible for payment of benefits
	☐ Hartford will issue W-2 for all STD payments

6.	PRC recreports	eive Explanation of Benefits Summary (EOB) through push
		Check number: N/A indicate direct deposit
	□ calcul	Gross Benefit: this is the amount you need to use on STD lator
	D	Payment Amount: check amount
	□ subm	Authorized End Date: last day on leave, should match document itted to EMACS
	□ EMAC	Last day worked: should match documents submitted to
	EOB :	EOB will cover Saturday through Friday, you may need multiple reports to complete timesheet for one pay period
7.	PRC cal Resource	lculate STD hour using STD Calculator: located Human es/Benefits & Services/General/STD Calculator
8.	PRC co	mplete Absence request for employee
		New TRCs and Earning codes
		HSF: Hartford Short-Term Disability Full Integration, works like STF expect no payment
		HSP: Hartford Short-Term Disability Partial/No integration, works like STP except no payment
		Complete absence request for all pay periods
9.	PRC co	emplete and approve employee timesheet
		Time will come in from absence request you completed
		Verify the timesheet matches EOB report for current pay period
	□ pay t	For the 7 day waiting period you may code leave time or without ime per employees request
10	). On-cyc	le audit
		STD report on Control-D
	<b>2</b>	Currently shows employees coding STF & STP; will include all employees coding HSF & HSP
	<b>%</b>	Reconcile this report to EOB to make sure:
		Correct hours are coded

Correct codes are used (HSF & HSP)

Everyone coded HSF & HSP is on EOB report

Error message TLPE

This error message indicates that total leave hours coded are more than standard hours

11. PRC is responsible for coding employee's timesheet. If you need help, please contact the paytech that support your department.

12. Samples

Jane Doe: Full integration

Mary Jane Davis: Partial integration

John Smith: Modified duty

**Robert Miles: Return to work** 

+ All except Safety H= JARs, employee data changes due to EMACS HR no later than 3:00 ✓ Deductions over 24 pay periods not taken

2009 Master Calendar for EMACS Processing

☐ County general employees only

**▼ Safety Management** 

MGR = Manager/Approver eTime Deadline DTA = Dept Time Admin eTime Deadline **Employee eTime Deadline** 

80/01 🏈

P=Payroll adjustments, Step advances, leave extension, paid leave of absence, New Hire JAR Packets due to EMACS no later than noon

Safety comp time cash out (PP9 only), all requests must be submitted to EMACS Payroll by 4-22. 21 End FF 18 End PP 26 End PP9 End PP 25 Ç End PPS End PP17 I 4th Quarter Ends PP26 (20-26) z 23 DTA DTA DTA TH DTA E E DECEMBER Payday P Payday P APRIL ₹ ₹ ≥ MGR. DTA A CR MGR MGR ▼Accrued Hollday MGR. ANN NATE DICTOR /CEE CATENNAD TEREND EAD DIE DATECT Σ Σ 2 REMINDER: Annual leave not used will be lost PP26. Administrative Leave not used by PP25 will be automatically cashed out in PP26. 20 + Nollday End PP14. + Holklay End PP6 End PP7 (st Quarter Ends PP6 (1-6) DIA DTA DTA PT AT DTA إع ۳ NOVEMBER Mayday Payday MARCH Payday P W Payday P MGR MGR DTA MGR MGR MGR 3 E 27 AGR BGR Σ Σ Σ 22 15 27 20 End PP5 12 End PP13 End PP4 I 2nd Quarter Ends PP12 (7-12) DTA VAccrued Holiday DIA PTA DTA E Z DTA E = FEBRUARY ayday P JUNE Payday P d d Payday P ≥ # GR MGR MGR MG# 32 Z Hollday Σ Σ <u>+</u> 22 23 End PP3 End PP2 End PP1 퐀 3rd Quarter Ends PP19 (13-19) I I DIA . Hellday Th Ē DTA DTA DTA DIA F SEPTEMBER Payday × MAY ⋧ ₹ 27 M GR EE MGR MGR MGR EE MGR + Holiday Σ Σ 2 27 M

#### Report Description

First Notice Claim Report

This report will be produced each time a County employee calls the Hartford to file a Short Term Disability claim. Each designated Contact will receive this report for employee's STD claims filed under the Departments/Divisions they manage.

		Notification			Reported Last
Date Of Report Report Number	t: 11/22/2004 t: E401703R	\ Employee	ne Bartford Benefits Divisi Claim Report	ion	Day of Work
Empl Name		For Case: From 8/31	109 THRU	9 4 09	•
Class: All Cl			. ·		
Activity	Description	Statu	Engt Dear	Supervisor	Supervisor Phone
New Claim	Employee Called	8/3	109 8/31/09	Supv 1	(909) 555-5555
SSN: xxx-xx-x	200,011	ve	Last Day s Dt L Worked	Šupervisor Bame	Supervisor Phone
Activity	Description	~?∳£~; 	T""###		
New Claim SSN: xxx-xx-x	Employee Called  Name: Davis, M	ary Jane 8/31	ing in	supv 2	(909) 6666-6666
Activity	Description	State	Last Day  But Worked	Supervisor Name	Supervisor Phone
New Claim	Employee Called	, § 3i	09 9/4/09	Supv 3	(909) 717-777
SSN: xxx-xx-x	xxx Name: 5 mith, J				0
Activity	Description ;	្រី	Last Day s Dt Worked	Supervisor Name	Supervisor Phone
New Claim	Employee Called	\$/3(	09 9/1/09	Supv 4	(909) 888-8888
SSN: xxx-xx-x	XXX Name: Miles, Ro	pert		•	•
	18				

Sample 1



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# LEAVE INTEGRATION REQUEST

(STD, SDI and WORKERS' COMPENSATION)

NOTICE: This form must immediately be submitted for processing based on the distribution choice below. Integration choice will begin based on date this form is received.

NO FUTURE OR RETRO PROCESSING WILL BE MADE.

			NO FUTURE OR RETE	KO PKI	)CESSII4	G WILL DE MINDE	
Must print in Black or B	lue ink ONL	Y	Last Name	Firef	Name		Department ID
Employee ID	Rcd No.			JANE			32710
A0000	0					nefit Payments	Department Name
Type of Request		Type	of Integration		, p		
New Request	⊠ Fuli			⊠s⊦	ort Term	Disability (STD)	ACR
Revised	☐ No Inte	egration				ompensation	Union Code
Date of Injury 9/1/2009	☐ Partial	Integrat	ion – List number of hours	□ St	ate Disab	ility Insurance (SDI)	ADM
			Requested O	rder	of Use		
Requested Order	<u>of Use</u> – cable k box if re II be used	questing until ex	f requesting to use leave box if requesting an orde g to use sick leave time ownested, and then the rou.	nly next de	esignated	l leave will be used	. Sick Leave must be
Type of	Logyo	1	□ Default Order of U	lse	Rec	uested Order of U	se Sick Only
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Sick			2				
Vacation			3				
Holiday Compensatory T	ime		4				
Annual	11116		5				
Administrative			6				
			7		<u> </u>		
Attorney Other:			8		<u> </u>		
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received a copy payroll specialis Request. I und integrating with	of the Let and/or Ederstand the another becompleted	MACS- that the enefit (	Fits will be administered regration Guidelines (page Payroll to code or modify maximum amount of programme ployee – Signature Req	my p ay tha mpens	aid time	to be consistent wit	th this Leave Integration while out on leave and keed 100% of my base
	401	W_	UDE			( 909 ) 300-120-	·
* I have beer	n given au	ıthoriza	ntion and direction on c	omple	ting this	form on Denait of	uie above employee.
*Appointee	Signatur	e [(Emp	iloyee not available) Pri	nt & S		Telephone	Date Date
Sur	pervisor o	r Appo	inting Designee Signatu	ire		Title	
/ July			T			SUPV ·	8/31/2009
Muse	rriso	ب				Telephone	Date
	Payroll S	peciali	st Name (Print & Sign)	1. 1		(909) 386-234	
Payroll Special	ist 🛭	aus i	ell Alliah	at		( ana ) 300-535	7 7/1/2000

DISTRIBUTION: Original - STD-EBSD-Hospitality (0015) SDI – EMACS – Payroll (0030) Workers' Comp - EMACS-Payroll (0030) enartment Supervisor, Employee

Sample 2a

**Explanation of Benefits Summary** 

This report provides a summary of regular benefit payments made for each employee for the selected time period. This can be sent on a daily or weekly basis.

> Program Number: E401089R Date of Report: 9-11-09

The Hartford Explanation Of Benefits Summary For Case: SAMPLE, INC.

Location: ALL ACTIVE FULL-TIME CT HOURLY EMPLOYEES (ASO) Class: ALL HOURLY EES LOCATED IN CT WITH > 15 Employee Name: Doe, JANC Payee Name: DOC, JANC Payee Address: 2 Douglas Way Farmington, CT 06032 12331 Check Number: Coverage: WD State: CT offized End Date: 10-13-09 388.56 Gross Benefit: Benefit Start Date: 9-1-09 "" Last Day Worked: 8-31-09 Net Benefit: 388,56 **Payment Details** Adjustment Amount: Payment From Date: 9-8-09 Payment Amount: 388.5 Payment Thru Date: q-11-09 Payment Date: 9-11-09 Deductions \*\*\*\* \*\*\*\*\* Offsets \*\*\*\*\* Taxes 0.00 0.00 0.00 MDCR: Remarks: \* 7 day waiting period from 9-1-09 thru 9-7-09 The payment from and thru dates

Sample 26

outline the period the payment is covering.

# Processing information for Jane Doe A0000

Short Term Disability Calculator Employee Benefits and Services.  This calculator is designed to help you compute the number of hours to code on the TLR for STD payment. You will need the STD Weekly Benefit smount and the hourly rate of the employee. If you do not have the STD Weekly Benefit amount, please contact Employee Benefits and Services – Hospitality at (909) 366-8600 for further information. The result in the "STD adjusted hours for the TLR" box should be coded on the TLR.  Enter STD weekly amount: \$ 388.56  Enter Employee hourly rate: \$ 30.92  STD adjusted hours for the TLR: [12.50]	<u> </u>	or dates of 9/8/09 thru 9/11/09 (pay perio	County of San Bernardinb Human Resources Department
Benefit smount and the houry rate of the employee. The result in the "STD adjusted hours for the TLR" box should be coded on the TLR.  Enter STD weekly amount: \$\frac{388.56}{30.92}\$  Enter Employee hourly rate: \$\frac{30.92}{30.92}\$		Short Term Disability Calculator	Employee Benefits and Services
Benefit amount and the houry rate of the enjuryee. The property of the TLR box should be coded on and Services – Hospitality at (909) 366-8500 for further information. The result in the "STD adjusted hours for the TLR" box should be coded on the TLR.  Enter STD weekly amount: \$\[ 388.56\] Enter Employee hourly rate: \$\[ 30.92\]  Calculate adjusted hours			
Enter Employee hourly rate: \$\ 30.92			
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STD adjusted hours for the TLR: 12.50	13 11 F	enefit amount and the houny rate of the enjudyet. Hydrocond and Services – Hospitality at (909) 386-8600 for further information. The result he TLR.  Enter STD weekly amount: \$ 388.56	the TLR for STD payment, You will need the STD Weekly Weekly Benefit amount, please contact Employee Benefits in the "STD adjusted hours for the TLR" box should be coded on
	13 11 F	enefit amount and the houny rate of the enjudyet. The result had Services – Hospitality at (909) 386-8600 for further information. The result he TLR.  Enter STD weekly amount: \$\begin{align*} 388.56 \\ \end{align*}  Enter Employee hourly rate: \$\begin{align*} 30.92 \\ \end{align*}	the TLR for STD payment, You will need the STD Weekly Weekly Benefit amount, please contact Employee Benefits in the "STD adjusted hours for the TLR" box should be coded on

eTime codes information for Jane Doe PP 19/09

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	Deadline T Allos Info Time Wo	oen alio																	
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Sample 2b

**Explanation of Benefits Summary** 

This report provides a summary of regular benefit payments made for each employee for the selected time period. This can be sent on a daily or weekly basis.

The Hartford Program Number: E401089R Explanation Of Benefits Summary Date of Report: 9-18-09 For Case: SAMPLE, INC. of solf Location: ALL ACTIVE FULL-TIME CT HOURLY EMPLOYEES (ASO) Class: ALL HOURLY EES LOCATED IN CT WITH > 15 Employee Name: Doe, JANE Payee Name: DOE, JANE Payee Address: 2 Douglas Way Farmington, CT 06032 Check Number: 14322 Coverage: State: CT thoffized End Date: 10-13-09 Gross Benefit: 680.24 Benefit Start Date: 9-1-09 Net Benefit: 680,24 Last Day Worked: 8-31-09 Payment Details Adjustment Amount: Payment From Date: 9-12-09 Payment Amount: 680.24 Payment Thru Date: 9-18-09 Payment Date: 9-18-09 \*\*\*\*\* Offsets \*\*\*\* Deductions \*\*\*\* 7.00 0.00 NFLT DNIL PRE 0.00 CASD: Remarks: The payment from and thru dates

outline the period the payment is covering.

1

**Explanation of Benefits Summary** 

This report provides a summary of regular benefit payments made for each employee for the selected time period. This can be sent on a daily or weekly basis.

The Hartford Program Number: E401089R Explanation Of Benefits Summary Sold of Sold o Date of Report: 9-25-09 For Case: SAMPLE, INC. Location: ALL ACTIVE FULL-TIME CT HOURLY EMPLOYEES (ASO) Class: ALL HOURLY EES LOCATED IN CT WITH > 15 xxx-xx-xxx SSN: DOE, JANE Employee Name: Payee Name: Doe, JANE Payee Address: 2 Douglas Way Farmington, CT 06032 Check Number: N/A Coverage: WD State: CT thoffixed End Date: 10-13-09 Gross Benefit: 680.21 Benefit Start Date: 9-1-09 Last Day Worked: 8-31-09 Net Benefit: 680.2 Payment Details Adjustment Amount: Payment From Date: 9-19-09 Payment Amount: 680.2 Payment Thru Date: 9 - 25-09 Payment Date: q - 25 - 09\*\*\*\*\* Offsets \*\*\*\*\* rkakk Takes kai 7.00 NELT DNTL PRE 0.00 0.00 State: 0.00 OASD: Remarks: The payment from and thru dates

Sample 2d

outline the period the payment is covering.

Weekly payment for Jane Doe

	County of San Bernardine Human Resources Departmen
Short Term Disability Calculator	Employee Benefits and Services
This calculater is designed to help you compute the number of his will need the STD Weekly Benefit amount and the hourly rate of tweekly Benefit amount, please contact Employee Benefits and S	ne employee, a you on the may the ord
further information. The result in the "STD adjusted hours for the	TID' have chould be coded on the TLR.
Enter STD weekly amount: \$(680.24	THE BUX STREET TO COLOR OF THE PARTY
	The state state of the state of
Enter STD weekly amount: \$ 686.24	
Enter STD weekly amount: \$688.24 Enter Employee hourly rate: \$30.92	

Absence request update for Jane Doe (pay periods 20-22)
After initial starting payment, 22 hours of STD will be paid each week by Hartford

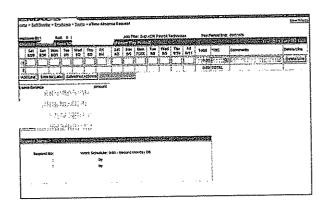
Employee has enough leave to fully integrate (per integration form)

Absence request will show 22 hours HSF and 18 hours of SCK each week

Absence request can be done for weeks ending

- 9/18/09
- □ 9/25/09 □ 10/2/09
- 10/2/09
- □ 10/9/09

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Sample 2e



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

### LEAVE INTEGRATION REQUEST

(STD, SDI and WORKERS' COMPENSATION)

NOTICE: This form must immediately be submitted for processing based on the distribution choice below. Integration choice will begin based on date this form is received.

NO FUTURE OR RETRO PROCESSING WILL BE MADE.

Must print in Black or B	lue ink ONL	<u> </u>	Last Name	Eirni h	lamo		Department ID
Employee ID	Rcd No.						32510
A1111	0		DAVIS, I				Department Name
Type of Request		Type	of Integration	Ту	pe of B	enefit Payments	Department name
New Request	☐ Full		•		. ***	Distributed (CTD)	ACR
Revised						Disability (STD)	
Date of Injury	☐ No Inte	gration				ompensation	Union Code
9/2/2009	⊠ Partial per <b>pay p</b>	Integrat eriod: 2	tion – List number of hours 0.00	☐ Sta	ate Disal	oility Insurance (SDI)	SUP
			Requested O	rder o	f Use		
Requested Order be used, as application	of Use - ( cable k box if red I be used	Check I juesting until ex	f requesting to use leave box if requesting an order g to use sick leave time or chausted, and then the n	in the controller of the contr	order lis than de signated	ted, as applicable fault, enter the requent	
		Irai			M Par	quested Order of Us	e Sick Only
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Sick			2			3	
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Other:			8 Medical Emergency Lea	/8/F	II \ dana		ed
Medical Emergenc Must be integrated with	STD		with STD when all leave	e accrua	als have	e been exhausteu.	
received a copy payroll specialist Request. I und integrating with a salary.	of the Lea and/or EN erstand the another be	ave Into MACS-I lat the lenefit (c	its will be administered in egration Guidelines (page Payroll to code or modify maximum amount of page lisability or Workers' Con	e 2 or my pa ay that npensa	id time	to be consistent with allowed to receive w yments) shall not exc	this Leave Integration while out on leave and
Form &2	mpleted	by Emp	oloyee – Signature Requ	uired		Telephone	Date
MAKU JA	ne f	MU	://			( 909 ) 386-3333	8/31/2009
* I have been	given aut	horiza	tion and direction on co	mpleti	ng this	form on behalf of t	he above employee.
			loyee not available) Prin			Telephone	Date
						*****	Date
/ Supe	ervisor or	Appoi	nting Designee Signatui	re		Title	
/ MANAL	LAMIN	/				SUPV	8/31/2009
MANT	MIN	Calalia	t Name (Print & Sign)			Telephone	Date
Payroll Specialis		ecialis 2	of Decia	list		(909)386-234	9/1/2009
DISTRIBUTION: Or		EBSD-H	1			1 2	l

SDI - EMACS - Payroli (0030) Workers' Comp - EMACS-Payroll (0030) Copy - Department, Supervisor, Employee

Sample 32

**Explanation of Benefits Summary** 

This report provides a summary of regular benefit payments made for each employee for the selected time period. This can be sent on a daily or weekly basis.

The Hartford Program Number: E401089R Core late \$ 23.64 Explanation Of Benefits Summary Date of Report: 9-11 -04 For Case: SAMPLE, INC. Location: ALL ACTIVE FULL-TIME CT HOURLY EMPLOYEES (ASO) Class: ALL HOURLY EES LOCATED IN CT WITH > 15 Employee Name: DAVIS, MARY JAHR SSN: XXX-XX-XXXX Payee Name: DAVIS, MARY JAME Payez Address: 2 Douglas Way Farmington, CT 06032 Check Number: Coverage: WD State: CT Authoffized End Date: 11-2-09 Gross Benefit: 222 90 Net Benefit: 222,90 Benefit Start Date: 9-1-09 Last Day Worked: 9-1-09 Payment Details Adjustment Amount: Payment From Date: 9-9-09 Payment Amount: 204.6 Payment Thru Date: 9-11-09 Payment Date: 9-11-09 \*\*\*\*\* Offsets \*\*\*\*\* Taxes \*\* NELT DNTL PRE 0.00 State: FIT: 10.00 :5.00 Toxes taken from payment CAED: Remarks: day waiting period from 9-2-09 thru 9-8-09 The payment from and thru dates outline the period the payment is covering.

Sample 36

1

### Processing information for Mary Jane Davis

	County of San Bernardino Human Resources Department
Short Term Disability Calculator	Employee Benefits and Services
This calculator is designed to help you compute the number of hor will need the STD Weekly Benefit amount and the hourly rafe of the Weekly Benefit amount, please contact Employee Benefits and S further information. The result in the "STD adjusted hours for the Enter STD weekly amount: \$222.90  Enter Employee hourly rate: \$23.64	evices – Hospitality at (909) 386-8600 for
Calculate adjusted hours	
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Sample 3C

**Explanation of Benefits Summary** 

This report provides a summary of regular benefit payments made for each employee for the selected time period. This can be sent on a daily or weekly basis.

Program Number: E401089R Date of Report: 9-18-09 Explanation Of Benefits Summary For Case: SAMPLE, INC. 43. Location: ALL ACTIVE FULL-TIME CT HOURLY EMPLOYEES (ASO) Class: ALL HOURLY EES LOCATED IN CT WITH > 15 Employee Name: Davis, MARY JANE SSN: XXX-XX-XXXX Davis, MANY Payee Name: Payee Address: 2 Douglas Way Farmington, CT 06032 Check Number: Coverage: WD State: CT Fized End Date: 11-2-09 Gross Benefit: 520.08Benefit Start Date: 9-2-09 Net Benefit: 520.08 Last Day Worked: 9-1-09 Payment Details Adjustment Amount: Payment From Date: 9-12-09 Payment Amount: 497.5 Payment Thru Date: 9-18-09 Payment Date: 4-18-09 \*\*\*\*\* Offsets \*\*\*\*\* Taxes 7.00 DNIL PRE 0.00 10,00 FIT: OASD: MDCR: Remarks:

Sample 3d

The payment from and thru dates outline the period the payment is covering.

1

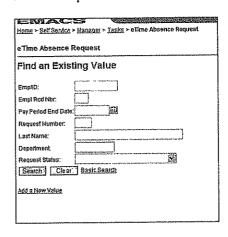
The Hartford

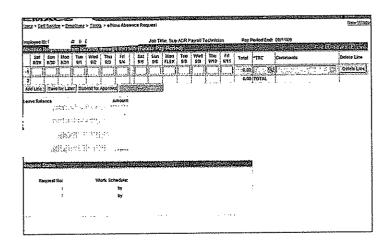
	County of San Bernardi Human Resources Departme
Short Term Disability Calculator	Employee Benefits and Service
This calculator is designed to help you compute the number of he will need the STD Weekly Benefit amount and the hourly rate of the	ure to code on the TLR for STO payment. You
Weekly Renefit amount, please contact Employee Benefits and S	ervices Hospitality at (909) 386-8600 for
Weekly Benefit amount, please contact Employee Benefits and S further information. The result in the "STD adjusted hours for the Enter STD weekly amount: \$520.08  Enter Employee hourly rate: \$23.64	ervices Hospitality at (909) 386-8600 for
Weekly Benefit amount, please contact Employee Benefits and S further information. The result in the 'STD adjusted hours for the Enter STD weekly amount: \$5.20.08	ervices Hospitality at (909) 386-8600 for
Weekly Benefit amount, please contact Employee Benefits and S further information. The result in the 'STD adjusted hours for the Enter STD weekly amount: \$\frac{5.20.68}{23.64}\$  Enter Employee hourly rate: \$\frac{23.64}{23.64}\$	ervices Hospitality at (909) 386-8600 for

After initial starting payment from Hartford, 22 hours of STD will be paid each week The employee has chosen to partially integrate and can only code 10 hours of leave per week (after 7 day waiting period).

The employee must use sick without pay (WOPSK) for the remaining hours per week. Employee must code HSP as WOPSK is used in the pay period.

Absence request can be done for weeks ending 9/18/09 through 10/30/09





Sample 3e



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

### LEAVE INTEGRATION REQUEST

(STD, SDI and WORKERS' COMPENSATION)

NOTICE: This form must immediately be submitted for processing based on the distribution choice below. Integration choice will begin based on date this form is received.

NO FUTURE OR RETRO PROCESSING WILL BE MADE.

Must print in Black or E	st print in Black or Blue ink ONLY			e, First Name			Department ID	
Employee ID	Red No.	SMITH, JOHN				32700		
A2222	0			Type of Benefit Payments		C	Department Name	
Type of Request		Type	of Integration	1 7	pe or bonone. Ay	7	A Property of the Property of	
New Request					- STARRA (CTD)		ACR	
☐ Revised	⊠ Full				ort Term Disability (STD)			
	☐ No Integration			□w	orkers' Compensation		Union Code	
Date of Injury	of bourg			Пst	ate Disability Insurance (SDI)		CLK	
0.440000	☐ Partial	Partial Integration – List number of hours per pay period:					<u></u>	
9/4/2009	per pay p	eriou.						
			Requested O	rder o	of Use			
Default Order of U	Jse – Che	ck box if	f requesting to use leave	in the	order listed, as applicable than default, enter the re	niecte	ad order of leave to	
Requested Order	of Use -	Check t	oox if requesting an orde	r other	than default, enter the re-	<i>qu</i> cou	,	
be used, as application	cable				,		Į.	
Sick Only - Chec	k box if re	questing	to use sick leave time o	illy	signated leave will be us	ed. S	ick Leave must be	
Note: Leaves Wi	be used	until ex	(nausted, and then the t	IEXE GC	signated four to the			
used first in acco	rdance wit	h the M	OU. pox is not checked the	defaul	t order will be used.			
		mai	JOX IS HOL CHECKED LIFE	loo	Requested Order of	Use	Sick Only	
Type of	Leave		Default Order of U	126	1		1	
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Holiday			4					
Compensatory T	ime		<u>4</u> 5					
Annual			6					
Administrative			7					
Attorney			Q					
Other:		<u> </u>	Madical Emergency   e	ave (M	FL) donations will be integ	rated		
Medical Emergent	Other:  Medical Emergency Leave (MEL)  Must be integrated with STD  Medical Emergency Leave (MEL) donations will be integrated with STD when all leave accruals have been exhausted.							
Must be integrated with STD with STD when all leave accruais have been exhausted.								
I understand that all leave benefits will be administered in accordance with the MOU and County policy. I have								
received a copy of the Leave Integration Guidelines (page 1) and to be consistent with this Leave Integration								
payroll specialist and/or EMACS-Payroll to code of mostly in the Lam allowed to receive while out on leave and								
Request. Lunc	derstand t	hat the	maximum amount of p	ay tna	tion payments) shall not	excee	ed 100% of my base	
Request. I understand that the maximum amount of pay that I am allowed to receive the standard form of the standar								

salary. Date Telephone Form Completed by Employee - Signature Required 8/31/2009 (909) 386-4444

\* I have been given authorization and direction on completing this form on behalf of the above employee.

*Appointee Signature [(Employee not available) Print & Sign]	Telephone	Date
	( )	
Supervisor or Appointing Designee Signature	Title	Date
· ————————————————————————————————————	SUPV:	8/31/2009
Payroll Specialist Name (Print & Sign)	Telephone	Date
	(909) 386-2304	9/2/2009
Payroll Specialist Specialist Postolo Personal Specialist		

DISTRIBUTION: Original - STD-EBSD-Hospitality (0015) SDI - EMACS - Payroli (0030) Workers' Comp - EMACS-Payroll (0030)

upenient Employee

Sample 4a

**Explanation of Benefits Summary** 

This report provides a summary of regular benefit payments made for each employee for the selected time period. This can be sent on a daily or weekly basis.

Program Number: E40:089R Date of Report: 10-16-09

The Hartford Explanation Of Benefits Summary For Case: SAMPLE, INC.

1

Location: ALL ACTIVE FULL-TIME CT HOURLY EMPLOYEES (ASO) A Land A San A San A Land A San A Land A San A Land A San A Land Class: ALL HOURLY EES LOCATED IN CT WITH > 15 SSN: xxx-xx-xxx Employee Name: 5mith, John Payee Name: 5mith, John Payee Address: 2 Douglas Way Farmington, CT 06032 Check Number: Coverage: State: CT hoffired End Date: 11-13-09 Gross Benefit: [19.90 Benefit Start Date: 9-5-09 Net Benefit: 179,90 Last Day Worked: 9-4-09
Payment From Date: 10-10-09 Payment Details Adjustment Amount: Payment Thru Date: 10-16-09 Payment Amount: Payment Date: 10-16-09 \*\*\*\*\* Offsets \*\*\*\* Taxes 0.00 7.00 DNIL PRE 0.00 0.00 FIT: 0:00 0.00 2.61 Remarks: The payment from

and thru dates outline the period the payment is covering.

Sample

Processing information for John Smith

County of San Bernardino Human Resources Department

### Short Term Disability Calculator

**Employee Benefits and Services** 

This calculator is designed to help you compute the number of hours to code on the TLR for STD payment. You will need the STD Weekly Benefit amount and the hourly rate of the employee. If you do not have the STD Weekly Benefit amount, please contact Employee Benefits and Services – Hospitality at (909) 386-8600 for further information. The result in the "STD adjusted hours for the TLR" box should be coded on the TLR.

Enter STD weekly amount: \$179.90
Enter Employee hourly rate: \$14.87

Calculate adjusted hours

STD adjusted hours for the TLR: 12.00

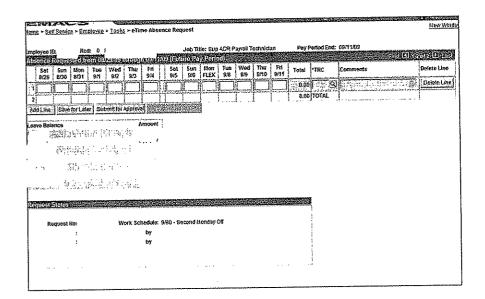
Reset

### eTime coding information for John Smith

			170me	New Window
Patt Conton & Employee	> <u>Tasks</u> > eTime Entry			:
	Smith, John John Job Show Labor Distribution	Title:	Pay Period End	<b>:</b>
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#### Absence request

Home > Self Service >	- <u>Manager &gt; Tasks</u> > eTime Absence Request			
eTime Absence Request				
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Empl Rcd Nbr. Pay Period End Date:	<u> </u>			
Request Number:				
Last Name: Department	And I have referred to be proposed as our personal resolution and party personal resolution and			
Request Status:	Basic Search			
Add a New Value				
Acc a stest Auge				



Absence request would be completed for HSF and sick leave only. REG hours would come over from preferences.

Sample 4d



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

### LEAVE INTEGRATION REQUEST

(STD, SDI and WORKERS' COMPENSATION)

NOTICE: This form must immediately be submitted for processing based on the distribution choice below. Integration choice will begin based on date this form is received.

NO FUTURE OR RETRO PROCESSING WILL BE MADE.

Must print in Black or E	Red No.	Y Last Name, First Name			Department ID
Employee ID		ANI TO DODEDT			32500
A3333	0		Type of B	enefit Payments	Department Name
Type of Request		Type of Integration	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Request	⊠ Full		⊠ Short Term	Disability (STD)	ACR
☐ Revised	☐ No Inte	earation	☐ Workers' C	<u> </u>	Union Code
Date of Injury				bility Insurance (SDI)	
9/1/2009	Partial	Integration – List number of hours period:	State Disa	DILITY HISTIRATICE (ODI)	TOPI
		Requested C	rder of Use		
			in the order lin	tod as applicable	
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used first in accor	dance wit	If a box is not checked the	default order	will be used.	
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\* I have been given authorization and direction on completing this form on behalf of the above employee.

*Appointee Signature [(Employee not available) Print & Sign]	Telephone	Date
	( )	
Supervisor or Appointing Designee Signature	Title	Date
	SUPV ·	8/31/2009
Payroll Specialist Name (Print & Sign)	Telephone	Date
ayroll Specialist Taylol Specialist	(909) 386-2304	9/1/2009

DISTRIBUTION: Original - STD-EBSD-Hospitality (0015) SDI - EMACS - Payroll (0030) '/Workers' Comp - EMACS-Payroll (0030)

Denaitment Supervisor, Employee

Sample 5a

**Explanation of Benefits Summary** 

This report provides a summary of regular benefit payments made for each employee for the selected time period. This can be sent on a daily or weekly basis.

> Program Number: E401089R Date of Report: 10-12-09

The Hartford Explanation Of Benefits Summary

For Case: SAMPLE, INC.

Ky Vin

Payment Details :

Location: ALL ACTIVE FULL-TIME CT HOURLY EMPLOYEES (ASO) Class: ALL HOURLY EES LOCATED IN CT WITH > 15

SSN: Robert Employee Name: Payee Name: Robert Miles

Payee Address: 2 Douglas Way

Farmington, CT 06032

Check Number: N/A

Coverage: WD

State: CT

Gross Benefit: 162. Net Benefit: 462 Adjustment Amount:

Payment Amount:

hoffized End Date: 10-12-09 Benefit Start Date: 9-1-09 Last Day Worked: 8-31-09

Payment From Date: 10-10-09 Payment Thru Date: 10-12-09

Payment Date: 10 - 12-09

0.00

\*\*\*\*\* Offsets \*\*\*\*\*

7.09

7

Remarks:

\* Ending payment-employee has been receiving \$378.87 aweek. employee base rate of pay is

The payment from and thru dates outline the period the payment is covering.

Sample 56

Short Term Disability Calculator	Human Resources Departm Employee Benefits and Service
Short Term Disability Colocius.	
	You
This calculator is designed to help you compute the number of ho will need the STD Weekly Benefit amount and the hourly rate of the	urs to code on the TLR for STD payment. The ne employee. If you do not have the STD
will need the STD Weekly Benefit amount and the noting face of a Weekly Benefit amount, please contact Employee Benefits and S further information. The result in the "STD adjusted hours for the	Services - Hospitality at (909) 386-8600 for
further information. The result in the STD adjusted notes to the	THE DAY SHOWN IN
Enter STD weekly amount: \$162.39	
Enter Employee hourly rate: \$17.22	
Enter Employee hourly rate: \$ 17.22	

eTime coding information for Rebert Miles PP 22/09
Employee is not eligible for the HOL earn code as Hartford has paid them for the holiday. The employee will accrue the FHA (holiday) hours.

EMACS	<u> </u>					New Window
ome > Self Service > Emp	loyee > Tasks > eTime Entr	+	,			
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